

Alaska Power & Telephone P.O. Box 3222 193 Otto Street Port Townsend, WA 98368

> Ph. (360) 385-1733 Fax (360) 385-5177

May 15, 2017

Federal Communications Commission Wireline Competition Bureau Industry Analysis and Technology Division Washington, DC 20554

ATTN: Wireline Competition Bureau Industry Analysis and Technology Division

Re: Form 395

Alaska Telephone Company

To Whom It May Concern,

On behalf of the above referenced company, I submit the attached Common Carrier Annual Employment Report FCC Form 395 for 2017. This company has fewer than 16 employees and has had no equal employment complaints pending or filed against them.

Sincerely,

Mary Jo Quandt

Senior Director of Regulatory Affairs-

Alaska Telephone Company

Mary Jo Quandt

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## FCC 395

## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information

1. Name and Mailing Address of Respondent
Alaska Telephone Company
P.O. Box 3222
Port Townsend, WA 98368

2. Year Report Filed
Period Covered by Report)
S-31-16 to 5-31-17

3. Reporting Period (Ending Date of Pay Period (Check one):

8. Fewer than 16 (complete Sections I, IV, and V only)
16 or more (complete all sections)

SECTION II - Full-Time Empl	oyee	5.														
		Number of Employees (Report employees in only one category)														
Job Categories		Race/Ethnicity														
		Hispanic or Latino		Not-Hispanic or Latino												
				Male							Female					
		Male	Female	White	Black or African American	Native Hawalian or Other Pacific Islander	Asian	American Indian or Alaska Natíve	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A - N
		А	В	С	D	E	F	G	н	1	J	К	L	M	N	0
Executive/Senior Level Officials and Managers	1.1															0
First/Mid-Level Officials and Managers	1.2															0
Professionals	2															0
Technicians	3															0
Sales Workers	4															0
Administrative Support Workers	5															0
Craft Workers	6															0
Operatives	7															0
Laborers and Helpers	8															0
Service Workers	9															0
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL	11															0 FCC 395

Revised December 2007

SECTION III - Part-Time Emplo	увеѕ.																
		Number of Employees (Report employees in only one category)															
Job		Race/Ethnicity															
Categories		Hispanic or		Not-Hispanic or Latino													
		Latino	Male							Female							
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawailan or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A - N		
	A	В	c	D	E	F	G	Н	ı	J	К	L	М	N	0		
Executive/Senior Level Officials and Managers	1.1														0		
First/Mid-Level Officials and Managers	1.2														0		
Professionals	2														0		
Technicians	3														0		
Sales Workers	4														0		
Administrative Support Workers	5														0		
Craft Workers	6														0		
Operatives	7														0		
Laborers and Helpers	8														0		
Service Workers	9														0		
TOTAL	10 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
PREVIOUS YEAR TOTAL	11														0		
SECTION IV - Report of Discrin	nination Con	nplaints Pursu	ent to 47 CFI	R 22.321, 23.5	5, 90.168, 10°	1.4, and 101	.311.						·				
This is to advise the company before any This is to advise the (Attach a list indicate	y body having Commission	competent juris that the following	sdiction in suc ng complaints	h matters dur alleging viola	ing the calend tions of the pr	ar year cove ovisions of a	red by this rep ny equal empl	ort. oyment oppor	tunity statute	hava been fil	ed against this	s company.					
SECTION V - Certification									_/_								
	certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.  Date Typed or Printed Name of Person Signing Signature ' Telephone No.																
5/15/17	Michael		on olgning		Michiel Haireth (800) 982-0136												
President/CEO		WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCAT OF ANY STATION LICENSE OR CONSTRUCTION PERMY (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).												EVOCATION			